24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	C C00473918
	0,
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee 76 Words	Date of Public Distribution/Dissemination
76 Words	09 20 2016
Mailing Address 1121 5th St NW	Amount
FI 1	Amount
City State Zip Code	20499.37
Washington DC 20001-3605	Transaction ID: VN7A7A3N601 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Joe Heck Oppose	President State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut	
Tel Election for Cities coagnit	Other (specify)
Full Name of Payee Ambrosino Muir Hansan Crounse	Date of Public Distribution/Dissemination
Mailing Address 5500 Sansome Street	09 20 2016
Suite 404	Amount
City State Zip Code	119370.00
Washington DC 94111	Transaction ID : VN7A7A3N5Y5 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y
Mailhouse Oalegory 004 Type 004	09 15 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Patrick Toomey Oppose	President Senate State: PA
	ursement For: Primary X General
Per Election for Office Sought 1809778.29 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	139869.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	